

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date | Claim | Date | Claim | Date |
|-------------------|------|-------------------|------|-------------------|------|
| Final Original | | Final Original | | Final Original | |
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REST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

LEFT INSIDE